FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

0	69	7/	1.4	10
8	01	1		Q

OMB APPR	
OMB Number:	3235-0076
Expires:	
Estimated average	ge burden
hours per respon	se <u>. 1</u> 6.00
050,405.0	

SEC	USE OI	di V
Prefix	7 00 <u>C 01</u>	Serial
(100.2]
DA	TE RÉCEIV	ED

	and name has changed, and indicate change.)	
Convertible Promissory Note, Warrants and Cor	nmon Stock Issuable upon Conversion The	reof
	04 Rule 505 Rule 506 Section 4(6)	
Type of Filing: New Filing Amendment		PHOCESOED
	A. BASIC IDENTIFICATION DATA	2 NOV 1 / 2006
Enter the information requested about the issuer		THOMSON
Name of Issuer (check if this is an amendment and	I name has changed, and indicate change.)	FINANCIAL
Ronco Corporation	·	444,
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
61 W. Moreland Road, Simi Valley, CA, 93065-1	662	(805) 433-1030
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
		A SOUNT WAY
Brief Description of Business	.*	
Developer, marketer and distributor of consume		NOV 0 6 2006 >>
Type of Business Organization		
	artnership, already formed other (please specify):
business trust limited p	ortnership, to be formed	please specify): (151)
	Month Year	
Actual or Estimated Date of Incorporation or Organization		mated
Jurisdiction of Incorporation or Organization: (Enter ty		
. CN fo	Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Encillation Line Street, and Confidence of the C	ि 😭 🤄 A. BASIC IDI	NTIFICATION DATA		
2. Enter the information requested for the following	lowing:			-
• Each promoter of the issuer, if the iss	suer has been organized w	ithin the past five years;		
Each beneficial owner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer.
Each executive officer and director o	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
Each general and managing partner or	f partnership issuers.	•		
Check Box(es) that Apply: Promoter	■ Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
	,			
Full Name (Last name first, if individual) Allen, Sr., Richard F.	•			
Business or Residence Address (Number and	Street City State 7in Co) da\		
61 W. Moreland Road, Simi Valley, CA, 9		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Promoter	Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Kabashima, Paul	•			
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)	<u>=</u>	
61 W. Moreland Road, Simi Valley, CA, 9	3065-1662			•
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Stone, Ronald C.			- · · · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and	Street City State Zin Co	nde)		
61 W. Moreland Road, Simi Valley, CA, 9		,		•
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				- ·
Kahn, Harold D.	,			
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
61 W. Moreland Road, Simi Valley, CA,	93065-1662			•
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Lykos, Jr., Thomas J.	<u></u>			
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
61 W. Moreland Road, Simi Valley, CA, 9				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Reiland, John S.		· .		·
Business or Residence Address (Number and 61 W. Moreland Road, Simi Valley, CA,	•	ode)		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Palisades Master Fund L.P.				
Business or Residence Address (Number and	Street, City. State. Zin Co	ode)	==	<u> </u>
C/O PEF Advisors LLC, 200 Mansell Cou			•	•

Applicable Identification: Beneficial Owner Bookbend & Co. Full Name C/O State Street Bank & Trust, Box 5756, Boston, MA, 02206 **Business or Residence Address** Applicable Identification: Beneficial Owner BFS US Special Opportunities Trust PLC Full Name 8080 North Central Express, Suite 210, LB59, Dallas, TX 75206 Business or Residence Address Applicable Identification: Beneficial Owner Renaissance US Growth Investment Trust PLC Full Name 8080 North Central Express, Suite 210, LB59, Dallas, TX 75206 Business or Residence Address Applicable Identification: Beneficial Owner GLG Partners American Opp. Fund Full Name Attn Ben Gore, 375 Park Avenue, Suite 3608, New York, NY, 10152 **Business or Residence Address** Applicable Identification: Beneficial Owner Heartland Group Inc., solely on behalf of Heartland Value Fund Full Name Attn Paul Beste, 789 North Water Street, Suite 500, Milwaukee, WI, 53202 **Business or Residence Address** Applicable Identification: Beneficial Owner Quaker Strategic Growth Fund Full Name 260 Franklin Street, 16th Floor, #1600, Boston, MA, 02110 **Business or Residence Address**

Applicable Identification: Beneficial Owner

Sanders Opportunity Fund (Institutional) LP

Full Name

C/O Sanders Morris Harris, Inc., 600 Travis Street, Suite 3100, Houston, TX, 77002

Business or Residence Address

Applicable Identification: Beneficial Owner

Sanders Opportunity Fund, LP

Full Name

C/O Sanders Morris Harris, Inc., 600 Travis Street, Suite 3100, Houston, TX, 77002

Business or Residence Address

Applicable Identification: Beneficial Owner

Shopkorn, Stanley

Full Name

Shopkorn Associates, 410 Park Avenue, New York, NY, 10022

Business or Residence Address

Applicable Identification: Beneficial Owner

Tom and Nancy Juda Living Trust

Full Name

410 S. Lucerne Boulevard, Los Angeles, CA, 90020

Business or Residence Address

Applicable Identification: Beneficial Owner

Topwater Exclusive Fund II LLC

Full Name

80 Washington Street, Suite 2-2, South Norwalk, CT, 06854

Business or Residence Address

Applicable Identification: Beneficial Owner

LBI Group, Inc.

Full Name

Lehman Brothers, 399 Park Avenue, 9th Floor, New York, NY, 10022

Business or Residence Address

Take to the second seco	1 8	A	rige i jesji James i jesjes	, B. II	FORMATI	ON ABOU	T OFFERI	NG (19 19 19 19 19 19 19 19 19 19 19 19 19 1		1 gree ₹ 41	
I. Has th	e issuer sol			-	•						Yes	No 🔀
r. mas ti	e issuel son	u, or does n			Appendix,		•			***************************************	, L !	<u>.</u>
2. What	What is the minimum investment that will be accepted from any individual?									s_ N	<u>/A</u>	
1 D	Does the affering permit joint ownership of a single unit?									Yes	No	
	Does the offering permit joint ownership of a single unit?									K		
comm If a pe or stat	ission or sin rson to be lis es, list the n er or dealer	nilar remune sted is an ass ame of the b	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Full Name	(Last name	first, if ind	ividual)					•			·	
Business o	r Residence	Address (N	lumber and	l Street, Ci	ty, State, Z	ip Code)				· · ·		
Name of A	ssociated B	roker or De	aler									
Name of A	SSUCIAICU D	TOKET OF DE										
	hich Person											
(Chec	k "All State	s" or check	individual	States)	•••••		•••••	•••••	***************************************			l States
AL	AK	AZ	AR	CA	CO	CT.	DE	DC	FL	GA	HI	
IL MT	[IN] [NE]	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	[SC]	SD	TN	TX	UT	VT	VA	WA .	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)									
Ducinana	or Residenc	a Addmaga ()	Vumbar an	d Stead C	itu Stata "	Zin Coda)						
Business	or Residence	e Address (1	Number an	u succi, c	ny, state, a	zip Code)						
Name of A	ssociated B	roker or De	aler			•						
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers						
(Chec	k "All State	s" or check	individual	States)			•••••	· ·····	***************************************		□ VI	l States
AL	ΛK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
[],	N N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	• <u>MO</u>
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	(Last name	·										
	<u> </u>			<u> </u>						•		
Business	or Residenc	e Address ()	Number an	d Street, C	City, State, 2	Zip Code)						•
Name of A	ssociated B	roker or De	aler					<u> </u>				
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends	to Solicit			•				
	k "All State							***************************************			☐ AI	l States
AL	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	[ID]
IL	IN	IA	KS	\overline{KY}	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK) WI	OR WY	PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	§ 0.00	§ 0.00
	Equity	\$ 0.00	\$ 0.00
	Convertible Securities (including warrants)		40.000.000.00
	Partnership Interests		\$ 0.00
	Other (Specify)	c 0.00	\$ 0.00
	Total	£ 16.500.000.00	·
	•	\$	3 12,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 12,600,000.00
			\$ 0.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)	<u> </u>	\$_0.00
3.			
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	· ·	\$
	Regulation A		\$
	Rule 504 '		\$
	Total		<u>\$_0.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		\$ 150,000.00
	Accounting Fees		\$ _0.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)	_	\$ 0.00
	Total		\$ 150,000.00
		<u>~</u>	

Reflects the sale of a convertible promissory note in the principal amount of \$1,500,000, the issuance of a warrant to a party in consideration for certain agreements and covenants of such party and the issuance of a warrant to a separate party in conjunction with the sale of a term note in the principal amount of \$4,000,000 and a revolving note in the maximum aggregate principal amount of \$11,000,000 (of which approximately \$7,100,000 was funded at closing).

	b. Enter the difference between the aggregated and total expenses furnished in response to Paproceeds to the issuer."	art C — Question 4.a. This difference is t	he "adjusted gross	\$16,350,000.00
5.	Indicate below the amount of the adjusted g each of the purposes shown. If the amoun check the box to the left of the estimate. The proceeds to the issuer set forth in response	t for any purpose is not known, furnish total of the payments listed must equal t	h an estimate and	
	· :		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ <u>0.00</u>	\$ 600,000.00
	Purchase of real estate		s 0.00	\$ <u></u>
	Purchase, rental or leasing and installation and equipment	of machinery .	<u>\$</u> 0.00	\$0.00
	Construction or leasing of plant buildings			\$ 0.00
	Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)	the assets or securities of another .	<u>\$</u> 0.00	\$\ 0.00 \[\s\ \] \\$ \ 10,700,000.0
	Repayment of indebtedness			5,050,000.0
	Working capital		-	
	Other (specify):		<u>\$_0.00</u>	\$
			0.00	_ [] \$
	Column Totals		<u>\$</u> 0.00	S 16,350,000.
	Total Payments Listed (column totals adde	·d)		6,350,000.00
<i>;</i> :		D FEDERAL SIGNATURI		
sig	e issuer has duly caused this notice to be signe nature constitutes an undertaking by the issue information furnished by the issuer to any t	d by the undersigned duly authorized peer to furnish to the U.S. Securities and E	rson. If this notice is filed under R Exchange Commission, upon writt	ule 505, the following
SS	uer (Print or Type)	Signature	Date	
R	onco Corporation	Miller	2 . I 1110	1106
٧a	me of Signer (Print or Type)	Title of Signer (Print or Type	 	
7	anald C. Stone	CF0.	•	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E STATE SIGNATURE		S. di	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	s N	o []

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Ronco Corporation	Milliger	11101106
Name (Print or Type)	Title (Print or Type)	
Ronald C. Stone	CFO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 3 1 2 Disqualification under State ULOE Type of security. Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited waiver granted) offered in state amount purchased in State investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Investors Yes No Yes No **Investors** Amount Amount State `AL AK AZAR CA CO ÇТ DE DC FL GA ΗІ ID ΙL IN IΑ KS ΚY LA ME MDMA ΜI MNMS

APPENDIX, 2 3 Disqualification under State ULOE Type of security and aggregate, (if yes, attach Intend to sell Type of investor and explanation of to non-accredited offering price amount purchased in State waiver granted) offered in state investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Yes No Investors Amount Investors Amount State MO MT NE NV NH NJ NM NY NC ND OHΘK OR PA RI SC SD TNTX**Promissory Note** 1 \$1,500,000 × X UT VTVAWA wv WI

APPENDIX										
1	to non-a	2 If to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY PR										